

NOMINATION FORM

The Board of Examiners of Nursing Home Administrators is critical to the New York State Department of Health's efforts to promote high-quality nursing home care in New York State. Board members play a key leadership role. Board members must meet specific criteria by law, as well as additional eligibility criteria adopted by the Board (noted below).

CANDIDATE INFORMATION	
Candidate Name	Phone Number(s)
Home Address	E-mail Address
	County Represented (Work Location, if Employed)
Nomination for the following seat (check one): ☐ Physician (1 seat) -- Must be a physician. ☐ Hospital Administrator (1 seat) -- Must be a senior-level health care executive who is currently employed in a hospital and possesses past or current experience in a nursing home. ☐ Professional Registered Nurse (1 seat) -- Must be a professional registered nurse. ☐ Nursing Home Administrator (Proprietary) (3 seats) -- Must have not less than five years' experience in the care of chronically ill or infirm aged patients. Must be a licensed and registered nursing home administrator who functions as the Administrator-of-Record at the time of appointment to the Board. Must be employed <i>in</i> a nursing home, not employed <i>by</i> a nursing home. ☐ Nursing Home Administrator (Voluntary) (3 seats) -- Must have not less than five years' experience in the care of chronically ill or infirm aged patients. Must be a licensed and registered nursing home administrator who functions as the Administrator of Record at the time of appointment to the Board. Must be employed <i>in</i> a nursing home, not employed <i>by</i> a nursing home. ☐ Public Representative (3 seats) -- Should have a record of public or community service; an interest in nursing homes/nursing home residents; experience (e.g., family member, friend, advocate) with residents of nursing homes or have been a resident of a nursing home; act/acted as a Long-Term Care Ombudsperson; or experience in other areas of value to the Board. ☐ Educator (1 seat) -- Must be a representative of a college providing training for nursing home administrators.	
Briefly summarize the candidate's education and experience (attach a resume and/or CV).	
NOMINATOR INFORMATION	
Nominator Name (if self-nominating, enter "SELF")	Phone Number(s)
Title/Organization	E-mail Address
Signature	Date

Please return this form to the below address or via e-mail:

Carolyn J. Cazer
Executive Secretary, Board of Examiners of Nursing Home Administrators
New York State Department of Health
875 Central Avenue
Albany, New York 12206
Carolyn.Cazer@health.ny.gov